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DATE: September 20, 2016
TO: ALL CSTAR and CPR Providers
FROM: Michele Merrill *mm*
SUBJECT: Medicaid Eligibility Codes

CSTAR and CPR services are covered by all Medicaid Eligibility codes except those that are either state only funded (no federal Medicaid match) or have a specific limited benefit package. Listed below are the Medicaid Eligibility Codes that *cannot* be billed to Medicaid for CSTAR and CPR services:

- 02 Blind Pension
- 08 CWS (Child Welfare Services) Foster Care (HDN)
- 52 DYS (Division of Youth Services) General Revenue
- 55 Qualified Medicare Beneficiary (QMB)
- 57 CWS (Child Welfare Services) Adoption Subsidy
- 58 Presumptive Eligibility – Pregnant Women
- 59 Presumptive Eligibility – Pregnant Women STATE ONLY
- 64 Group Home Health Initiative Fund
- 65 IM (Income Maintenance) Group Homes Health Initiative Fund
- 80 Extended Women’s Health Services for Uninsured Women after pregnancy (Family Planning only)
- 82 Missouri Rx
- 89 Uninsured Women’s Health Services (Family Planning only)
- 91 Gateway to Better Health Tier 1 coverage
- 92 Gateway to Better Health (0-133% FPL) Tier 2 coverage
- 93 Gateway to Better Health (133 -200% FPL) Tier 2 coverage
- 94 Presumptive Eligibility – Show Me Healthy Babies

All other Medicaid Eligibility Codes cover CSTAR and CPR services. If a consumer has multiple ME codes active for the date of service, Medicaid will cover CSTAR and CPR as long as at least one of the ME codes covers the service.

ME codes 73, 74, 75, and 85 require payment of a monthly premium for coverage to be active. If the premium has been paid there will be a lock-in for the month. ME codes 73, 74, and 75 are for uninsured children under the age of 19 with income from above 150% up to 300% of the federal poverty level (FPL). ME code 85 is the Ticket to Work Health Assurance program for persons with disabilities who are employed and have income from above 100% up to 300% of the FPL.

ME codes 11, 12, and 13 may be subject to a spend down amount, in which case coverage is only active if the spend down has been met. If the spend down has been met there will be a lock-in for the days covered. The dates in the lock-in span are the only days that Medicaid will cover.

If a consumer has any type of Medicaid eligibility all medications should be billed through the pharmacy to Medicaid.

Please contact me at 573-751-2940 with any questions.